

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
O.I.P.E. CLASSIFIER	VINN TRUNG	59	04-05-01531
FORMALITY REVIEW	BZ	JCB-223	05-10-01
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
1	5/10/01
2	✓ / ✓ / ✓
3	✓ / ✓ / ✓
4	0 / 0
5	0 / 0
6	✓ / ✓ / ✓
7	✓ / ✓ / ✓
8	✓ / ✓ / ✓
9	✓ / ✓ / ✓
10	✓ / ✓ / ✓
11	✓ / ✓ / ✓
12	✓ / ✓ / ✓
13	0 / 0
14	0 / 0
15	✓ / ✓ / ✓
16	✓ / ✓ / ✓
17	✓ / ✓ / ✓
18	✓ / ✓ / ✓
19	✓ / ✓ / ✓
20	✓ / ✓ / ✓
21	✓ / ✓ / ✓
22	0 / 0
23	0 / 0
24	✓ / ✓ / ✓
25	✓ / ✓ / ✓
26	✓ / ✓ / ✓
27	✓ / ✓ / ✓
28	✓ / ✓ / ✓
29	✓ / ✓ / ✓
30	0 / 0
31	✓ / ✓ / ✓
32	0 / 0
33	✓ / ✓ / ✓
34	0 / 0
35	✓ / ✓ / ✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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